

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			3			
5			3			
6			3			
7			3			
8			1			
9			1			
10			2			
11			2			
12			1			
13			1			
14			1			
15			1			
16			1			
17			1			
18			2			
19			2			
20			1			
21			1			
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TOTAL IND.			7			
TOTAL DEP.			33			
TOTAL CLAIMS			40			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						